NEW YORK NEUROLOGICAL SOCIETY.

May 6, 1902.

The President, Dr. Joseph Collins, in the chair.

A Case of Primary Myopathy.—Dr. J. Ramsay Hunt presented a girl of sixteen having a negative family history. One year and a half previously there was noticed a difficulty in pronouncing words, and also a nasal twang. A few months later there was some regurgitation through the nose, and it was noted that she did not close the eyes completely during sleep. Examination showed marked deficiency of the muscles of the face on voluntary and emotional innervation. The orbicularis oris and the orbicularis palpebrarum and the zygomatici were chiefly affected. The palatal muscles were motionless. The muscles of the upper arm and shoulder were small. The tendon reflexes were active, but there was no evidence of involvement of the pyramidal tract. The speech mechanism was easily fatigued, articulation becoming less distinct on prolonged effort.

Tumor of the Brain.—Dr. Max Mailhouse, of New Haven, presented a brain taken from a woman who had been admitted to the New Haven Hospital on March 13 with a history of severe headaches for a year and a half, and considerable mental disturbance. Speech was incoherent and muttering. There were exaggerated knee-jerks; also ankle-clonus and increased plantar reflexes. The optic nerves were atrophied and she could only distinguish light. Twitching of the muscles of the eyebrows was observed the first night, and she was so restless as to require restraint. During the six weeks she was in the hospital there were two or three attacks of vomiting. She complained constantly of headache and thirst. On April 14, when examined by Dr. Mailhouse, there was slight strabismus from weakness of the left internal rectus; the knee-jerks were exaggerated and there was ankle-clonus on each side. There was loss of vision. Her mental condition was fairly good. She became more restless and talkative and the pulse became more rapid and irregular, and two days before death she became unconscious, and died in this condition. The autopsy was made on the day after death. It revealed a tumor in the interpeduncular space, and examination of the tumor showed that the growth either originated in or soon involved the optic chiasm. The tumor pressed upon the left third nerve, and also upon the facial tracts above the pons, causing the spasmodic twitchings of the facial muscles. No report of the microscopical examination had yet been received.

Paralysis of the Serratus Magnus.—Drs. Joseph Collins and I. Abrahamson presented a woman of twenty-eight who had been in fair health up to last November. At this time she had had an attack of suppurative tonsillitis, which was followed by suppuration of the glands at the posterior border of the sternomastoid muscle. These glands were incised and much pus evacuated. About seven weeks afterward the shoulder was noticed to project upward and it was the seat of a throbbing pain. When seen the left scapula presented a wing-like appearance as a result of what appeared to be an isolated paralysis of the serratus magnus muscle. Some of the fibers of the supraspinatus and of the infraspinatus showed slight reaction to the faradic current and some slight atrophy. There was a large linear post-operative scar along the upper posterior border of the sterno-mastoid muscle. There was some enlargement of the glands on the left side of the neck. The diagnosis was based upon the position of the scapula while at rest, on the peculiar limitation of movement when the arm was brought forward at a right-angle, on the absence of sensory disturbances and of symptoms pointing to spinal origin, and on the presence of degeneration reaction. The lesion was evidently a post-infectious neuritis involving the posterior thoracic nerve, probably the portion in the body of the scalenus. The chief features of interest were: its peculiar etiology; its occurrence in a female; the absence of trauma and of anyof the ordinary causes; its late recognition; the change in the position of the scapula when at rest; the presence of scoliosis as had been observed by Stromeyer in a few cases.

Dr. W. M. Leszynsky said that most of these cases of serratus magnus paralysis were due to pressure or to progressive dystrophy, but he had shown a case to this Society in which it had followed an infection—a pneumonia.

Atypical Syringomyelia.—Dr. Joseph Collins showed a case which he had diagnosticated as syringomyelia. The patient was a stationary engineer, fifty-seven years old, who had lived a temperate and healthy life, not exposed to syphilitic or inorganic poisons. Three years ago he noticed, on going down stairs, that he tripped easily, and that he was getting clumsy in the use of his feet. About the same time he remarked that the little and ring fingers of both hands were becoming stiff, as he termed it. He found difficulty in using these fingers dexterously, and in appreciating objects coming in contact with them. Soon these fingers became deformed; a flexor deformity of the second and third phalanges was noticed, which was gradually progressive and which was dependent upon atrophy of the hypothenar muscles and the last interossei. At the same time the loss of sensibility in the ulnar distribution progressed. About a year ago a slight sore developed on the ball of the right foot, and had become a typical perforating ulcer. The patient presented now the following condition: (1) atrophy of the hypothenar and last interossei muscles, and consequent deformity; (2) glossiness of the skin of the hands; (3) analgesia and thermo-anesthesia, and partial tactile anesthesia in the little fingers and the ulnar half of the ring finger; (4) thickening of the ulnar nerves, rendering them palpable; (5) increase of mechanical irritability of the muscles of the upper extremities; (6) typical perforating ulcer in the ball of the right foot; (7) analgesia and thermo-anesthesia of the toes and the outer half of both feet; (8) slight exaggeration of the tendon jerks in the lower extremity; (9) no deformity of the spine and no symptoms referable to the cranial nerves; (10) no disturbance of the sphincters or of the sexual function. Dr. Collins said that the case was not a typical one of syringomyelia, but that diagnosis seemed more likely than any other. The condition was a progressive one.

A Case of Raynaud's Disease.—Dr. B. Onuf presented a young man with Raynaud's disease that had existed for about two years. Sensation was normal during the attacks. There was a history of rheumatism of the joints. He was a sailmaker by occupation, and in his work the tool used caused pressure on the right palm. The urine showed an abundant deposit of urates. He had not been improved by any method of treatment so far employed.

Mental Dissociation in Depressive Delusional States.—Dr. Ira Van Giesen was the author of this paper, which, he said, represented some of the work formerly done in the New York State Pathological Institute. The subject of the report was a Russian of twenty-six having a good family history. In February, 1900, he had begun to suffer from insomnia, headaches and loss of appetite, and had become despondent. The general health had rapidly deteriorated, and a local physician, on examining him, stated that his trouble was largely indigestion, and that there were "lumps" in the bowel. This was the foundation of a delusion which the patient fondly cherished. There was also a belief that there were worms in the intestine which worked upon the lumps and broke them up into minor lumps and sent the latter throughout the body. The patient believed that he was rescued from his dire distress by three agencies, viz., the spleen, the soul, and the veins, the soul being the scavenger and the spleen the director. When the attention of the soul was distracted this work was not well done. As might be expected the patient was extremely depressed and his physical condition suffered. He could only speak readily on the all-pervading subject of his delusion. The loss of attention was marked except as regards the systematized delusion. No gross motor disturbances were present. The patient reacted slowly to external stimuli. There were no sensory disturbances, and no hallucinations, and no tendency to self-destruction. He could fully realize his environment and his relations to space and time. As soon as he passed into hypnotic trance a metamorphosis occurred, the patient passing from intense depression to a state of great exaltation. Despite this the focal delusion persisted and appeared to be far better organized. This clearly pointed to the fact that either the state of depression was one of secondary formation or the delusion, being secondary in its origin, had gained sufficient strength to stand by itself, even after the emotional basis had been withdrawn. The latter alternative seemed to be the more probable. In his trance he could vividly remember all that had taken place in his waking life, and, on the other hand, he could recall fairly well what happened while in the trance. Later on the patient at one time passed into a deeper trance and then passed from a state of inexpressible delight to one of grave composure. In the last trance personality he could remember all the experiences of the other trance personality and of the waking personality. The relation of these three personalities was described diagrammatically by three concentric rings. The central one was the melancholic personality, and outside of this were successively the one ring representing the first and second trance personalities. Of the three personalities, the waking was pathological. The first trance personality was an exaltant, while the second trance personality approached closely to the patient's healthy condition. The course of these personalities resembled quite closely what was observed in circular insanity. These alternating personalities were, however, ephemeral. Soon the first personality shrunk and finally disappeared altogether. In the course of time the first trance personality disappeared and never returned. The mood of the second trance personality then lost some of its former seriousness. The tendency was for the intermediate personalities to disappear and the last one to become the dominant one. The process of evolution of species in general was one great illustration of the process just described. Throughout all of these transformations the central delusion remained unshaken. The great assimilating power of this delusion was wonderful. Various suggestions were given to this patient; although they were designed to break up the nucleus of the delusion they were turned about by the patient and fed into this systematized delusion. It was necessary to follow the patient in his delusion and play into the hands of the latter in order to make the suggestion take root. Direct suggestion during deep hypnosis was the usual method of breaking such a strong delusion, but the objection to this method was that it was apt to be only temporary in its effect. The method of emotional substitution was especially valuable in a case of this kind. Some unimportant sensory changes were first attempted, as for example, the abolition of the unpleasant thermal changes in the "lumps," but they were only partially successful. The effort was then made to fuse the different personalities. During hypnosis dreams were suggested to the patient, with the object of effecting changes in the central delusion. For example, in one of these dreams his father told him that these lumps would go away. These dreams impressed him deeply though slowly. When the good dreams had become dominant the spleen and soul began to drop out, and then the galvanic current was substituted for the soul with great benefit. Small spots were next substituted for the large lumps. The spots were gradually confined to certain definite areas instead of being vaguely disseminated. The patient's melancholia finally disappeared completely and he had now resumed his original vocation. The case was regarded as a triumph for this mode of treatment, and as a type of many other cases now in the State Hospitals for the Insane.

Dr. Mary Putnam Jacobi asked whether the transition of the two personalities had occurred spontaneously or had been brought about by some special maneuver.

Dr. Henry Rafel asked if there were any other case on record in which hypochondriasis had been cured in this manner by hypnosis.

Dr. Van Giesen said that the paper had been prepared by his former associates at the State Pathological Institute. The transition of the personalities had occurred spontaneously. He was not sufficiently familiar with the literature to answer positively the second question. If hypnosis had been used in the ordinary way the result would have been only transient benefit; a permanent cure had been effected by a thorough understanding of the whole mechanism of hypnosis. This patient had been cured eighteen months ago.